



**Frequently Asked Questions
Implementation of ACA Screening and Brief Counseling Recommendations
for Domestic Violence and Intimate Partner Violence (DV/IPV)
October 2015**

Millions of insured women have new access to coverage of a full range of preventive health screenings, including a package of women's preventive services. This includes screening and brief counseling for domestic and interpersonal violence (DV/IPV).

Coverage of the preventive services package including screening and brief counseling for DV/IPV must be offered in all new private insurance plans. This means that most employer-sponsored insurance plans, all plans purchased in the State Insurance Marketplaces or healthcare.gov and most Medicaid plans will cover this critical benefit.

The US Department of Health and Human Services has issued guidance on screening and brief counseling for DV/IPV. It outlines the general requirements of coverage but leaves many details of the exact benefit design to the states and the private insurance companies. This means that the benefit can vary from state to state and from plan to plan.

Listed below are the frequently asked questions regarding this benefit and what it covers. The full federal guidance can be found at: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html

Q: Who is eligible to receive screening and brief counseling for DV/IPV?

A: Today, all people insured by new private insurance plans are eligible to receive screening and brief counseling for DV/IPV with no cost sharing (plans that existed before the Affordable Care Act was signed in to law are exempt). This includes all people insured by plans in the Marketplace; as will all Medicaid beneficiaries enrolled in Alternative Benefit Plans.

Some Medicaid beneficiaries—those in traditional Medicaid—may not have access to the same benefits. This could include pregnant women, people with disabilities and some other categories of traditional Medicaid populations. States have the ability to amend their state plans to offer these services; and also to offer these populations the ability to enroll in an Alternative Benefit Plan. Advocates will need to monitor state decisions and plan details to make informed decisions about which benefit package is the best fit for these populations.

Q: What exactly does HHS say that screening for DV/IPV is?

A: The federal guidance states "screening may consist of a few, brief, open-ended questions. Screening can be facilitated by the use of brochures, forms, or other assessment tools including chart prompts. One option is the five-question Abuse Assessment Screening tool available here: (<http://www.cdc.gov/ncipc/pub-res/images/ipvandsvscreening.pdf>, page 22)."

Futures Without Violence and the National Health Resource Center on Domestic Violence can offer many templates for doing screening. For example, another option is brochure-based assessments that have been shown to be effective.<http://www.healthcaresaboutipv.org/tools/brochure-based-screening/>

Q: What exactly does HHS say that the counseling requirement includes?

A: The federal guidelines say that “counseling provides basic information, including how a patient’s health issues may relate to violence and referrals to local domestic violence specialists when patients agree to referrals. Easy-to-use tools such as patient brochures, safety plans, and provider educational tools, as well as training materials, are available through the HHS-funded Domestic Violence Resource Network, including the National Resource Center on Domestic Violence (<http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services/programs/centers>).”

The full federal guidelines can be found at: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html

Providers and advocates can also contact the National Health Resource Center on Domestic Violence for assistance at health@futureswithoutviolence.org or call 415-678-5500, or visit the [website](#).

Q: Who will decide how the screening and counseling provision will actually work and what is required?

A: All insurers are mandated to offer screening and brief counseling for DV/IPV. The new guidelines provide information for what must be covered and places few limits restricting the full implementation of this important provision. Individual insurers will determine exactly what will be covered and how the benefit will be administered. State Insurance Commissioners and state Medicaid Directors (as well as other key state officials) will play an important role in helping to define the benefit.

According to the guidance, if a specific preventive service recommendation or guideline (such as those issued by the United States Preventive Services Task Force) does not specify the frequency, method, treatment, or setting for the provision of that service, the plan or issuer can use reasonable medical management techniques to determine any coverage limitations. In other words, plans have the ability and responsibility to define the amount, duration, and scope of the service for each preventive service.

Q: How often can a woman receive screening and brief counseling for DV/IPV?

A: At least once a year. The guidelines place no restrictions or limits on the number of visits that can be covered. It does explicitly say that more than one well-woman visit can be covered in order to receive all necessary preventive services if a provider feels it is necessary. It will be up to individual plans to decide if they want to offer more frequent screening specifically for the screening and brief counseling for DV/IPV. For example, screening may occur during the well woman visit but professional health organizations also recommend assessment during other types of reproductive, mental and adolescent health visits.

Q: Where should the screening take place?

A: There are no limits as to where the screening must take place. The guidance suggests that the well-woman visit include all women's preventive health services. The plans will determine the settings for the provision of the screening.

However, it is a critical safety issue that screenings occur alone with no other family or friends present during the assessment. It is important to note that there is no additional guidance regarding the privacy and confidentiality disclosures necessary to protect these sensitive interactions. It will be important to work with providers and insurers to make sure that best practices are applied.

Q: Who can receive reimbursement for providing screening and brief counseling for DV/IPV?

A: The guidelines referenced above do not provide any details on who can receive reimbursement for providing screening and brief counseling. It will be up to individual insurers under the scope of state law to determine who can provide screening.

In other words, it is possible for a wide range of providers, including traditional medical providers, mental health counselors, and more, to become eligible for reimbursement for providing screening and counseling. But it will be up to the plans, under the scope of state law, to make those determinations.

No guidance was provided on what codes to use when assessment and counseling occurred. However, some provider groups are exploring using Preventive Medicine Service codes 99381-99397 which include age appropriate counseling/anticipatory guidance/risk factor reduction interventions. There are also separate codes (99401-99412) for counseling provided separately, at a different encounter on a different day, from the preventive medicine examination. For more information see attached document on preventive codes.

[2014 enrollment FAQ](#)